

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12TH, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-4073****www.iowa.gov/ethics****Reset Form****FORM-GB**Gift or Bequest information received
by a department or accepted by the
Governor on behalf of the state**For office use only**

Indexed _____

Audited _____

Checked _____

Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**Mt. Pleasant Correctional Facility**Name of Department or Office
1200 E. Washington St.

Mt. Pleasant IA 52641

Mailing Address
319-385-9511

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Ron Mullen, Superintendent

Name

Same

Same

Mailing Address (if different from above)

Ron.Mullen@iowa.gov

City, State, Zip (if different from above)

Same

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Name

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

December 2011**\$ 1,650.00**

Date of Gift or Bequest

Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

For offender use.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Jerry Durt affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

1-12-12

Mt. Pleasant Correctional Facility

Dec-11

[illegible]

Total Amount : \$ 1,650.00

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Anamosa State Penitentiary	
Name of Department or Office 406 N. High St.	Anamosa, Iowa 52205
Mailing Address 319-462-3504, ext. 2221	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Administrative Assistant	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Gospel Echoes Team	
Name	
PO Box 555	Goshen, IN
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/1/2011	\$90.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:


750 Address Booklets

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Jerry Burr affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.



 Signature

1-4-12

 Date

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A

DES MOINES, IA 50319

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Mailing Address 319-462-3504, ext 2221	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Administrative Assistant	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Camp Courageous of Iowa	
Name	
12007 190th St.	Monticello, Iowa 52310
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

	\$5,184.08
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

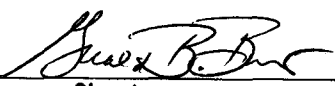
Food Donations - Yogurt, biscuits, cheese, lemonade, etc.

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Statement of Affirmation:

Jerry Burt affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.


Signature

1-4-12
Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:**Anamosa State Penitentiary**

Name of Department or Office

406 N. High St.

Anamosa, Iowa 52205

Mailing Address

319-462-3504, ext. 2221

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Administrative Assistant

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

KJYL Life 101.9

Name

Waterloo, Iowa

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/1/2011

\$92.00

Date of Gift or Bequest

Amount/Value*

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Provide a description of the gift or bequest and purpose thereof:

4 Copies - The Sacred Acre to Inmate Population

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Statement of Affirmation:

I, Jerry Burt affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

Date

1-3-12

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CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sheryl Perrin, Administrative Assistant	
Name	
Mailing Address (if different from above)	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Various Inmates of the Anamosa State Penitentiary	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/1/2011	\$300.74
Date of Gift or Bequest	Amount/Value*
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Provide a description of the gift or bequest and purpose thereof:

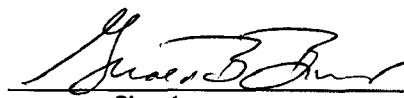
21 Books

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 Signature

1-3-12
 Date